

## Amateur Sports Teams, Leagues & Associations Supplemental Request Form

This supplemental is valid for effective dates from 3/1/21 through 2/28/22

Please retain a copy of this form for your records.

<b>GENERAL INFORMATION</b>	Named insured (as it appears on your certificate of insurance): _____
	Policy number (as it appears on your certificate of insurance): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____

<b>EXPOSURE INFORMATION</b>	Notes:
	<ul style="list-style-type: none"> <li>You must submit this request form prior to the effective date needed</li> <li>Coverage will be made effective the day after this request form and payment are received, or on a later date that you may specify</li> <li>All participants were required to be reported. TBD numbers cannot be accepted.</li> <li>A roster may be requested as verification</li> <li>Refer to the Amateur Sports Teams, Leagues &amp; Association brochure for sport eligibility, coverage option classifications and rates. For limits above \$2,000,000, please contact us for a quote.</li> <li>Should you have \$1,000,000 of Sexual Abuse or Sexual Molestation Liability coverage in place with us, you will need to rate for this additional exposure with any increments you may add below on the next page.</li> </ul>
	1. Does your team, league or organization include any of the following sports? <input type="radio"/> Yes <input type="radio"/> No
	If yes, please check those that apply and answer questions a. and b.
	<input type="radio"/> Cheerleading (age 19 & under) <input type="radio"/> Lacrosse (age 19 & under) <input type="radio"/> Umpire/referee associations for Class C sports <input type="radio"/> Deck/floor/street hockey <input type="radio"/> Roller hockey (quad) <input type="radio"/> Field hockey <input type="radio"/> Soccer (age 19 & under) <input type="radio"/> Water hockey (age 19 & under) <input type="radio"/> Flex Football™ (age 19 & under) <input type="radio"/> Tackle & contact football (age 19 & under) <input type="radio"/> Wrestling (age 19 & under)
	a. If you suspect an athlete has a concussion, do you have an action plan that includes:
	<ul style="list-style-type: none"> <li>Immediately removing the athlete from play or practice <input type="radio"/> Yes <input type="radio"/> No</li> <li>Keeping the athlete out of play or practice until they provide written clearance from a licensed physician? <input type="radio"/> Yes <input type="radio"/> No</li> </ul>
	b. Does your operation involve tackle or contact football? <input type="radio"/> Yes <input type="radio"/> No
	If yes, Do you maintain a system for your tackle or contact football activities that includes communication (in written or electronic form) of education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to information such as: focusing on prevention and preparedness to keep athletes safe; understanding concussions and potential consequences of the injury; recognizing concussion symptoms and how to respond; and learning about steps for returning to play after a suspected concussion? <input type="radio"/> Yes <input type="radio"/> No
	<p><b>Note:</b> The Center for Disease Control and Prevention offers free information, as well as a free online concussion training course for coaches on their website: <a href="http://www.cdc.gov/concussion/HeadsUp/youth.html">www.cdc.gov/concussion/HeadsUp/youth.html</a>.</p>

**Sadler & Company Inc. PO Box 5866, Columbia, SC 29250 Agent : John Sadler**  
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 Sadler & Company of SC, Inc. - AR (License #254179) D/B/A Sadler Insurance Agency - CA (License #0B57651 John Sadler Insurance Services - MA  
 Sadler Agency - NY (PC - 532473 and LA - 532473) / Sadler Insurance Agency - OK / Sadler & Company, Inc. - TX (License #194495)  
 Sadler and Company - VT (License #577)

**Program Liability**

Check one:

- Adding additional participants to existing sport and age group  
 Adding new sport and/or age group

Effective date needed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sport	Class A, B or C	Exclude Brain Injury Coverage? (applies to Class C sports only)	Age Group of participants	# of participants	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
<b>For Umpire and Referee Associations</b> - complete only if you are an Umpire/Referee Association								
List the sport you umpire/referee	Class A, B or C	Exclude Brain Injury Coverage? (applies to Class C sports only)	Age group of umpire/referees	# of members	X	Rate	=	Premium
		Yes <input type="radio"/> No <input type="radio"/>			X	\$	=	\$
<b>Program Premium Due:</b> (add all premium lines above to obtain premium due)								<b>\$</b>

**Sexual Abuse or Sexual Molestation Liability** (optional coverage)

Check one

- I currently have Sexual Abuse or Molestation Liability Coverage in place and need to add the additional participants reported on the prior page to my coverage.  
 I would like to add this coverage to my policy.

**\* Note:** If you would like to add this coverage to your policy mid-term, please contact us for additional information on the proper form to complete for review and approval.

Rate	X	Total # of Participants	=	Premium Due
\$.75	X	<u>                    </u> Total # of participants from above	=	\$

Program Liability Premium	\$
Sexual Abuse or Sexual Molestation Liability Premium	\$
<b>Total Premium Due</b> (add lines above)	<b>\$</b>

Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

CERT REQUEST #1

- 1. When is this certificate needed? : \_\_\_/\_\_\_/\_\_\_
2. This certificate is for: General Liability Coverage Hosted Tournament Coverage
3. What is the additional insured's relationship to you?
Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body
Other (please identify/explain):
NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

- 6. For specific events: Date(s) of event/activity: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
Hours of event/activity: \_\_\_ A.M./P.M. to \_\_\_ A.M./P.M.
Type of event/activity: \_\_\_ Name of event/activity: \_\_\_
Location of event/activity: \_\_\_

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

CERT REQUEST #2

- 1. When is this certificate needed? : \_\_\_/\_\_\_/\_\_\_
2. This certificate is for: General Liability Coverage Hosted Tournament Coverage
3. What is the additional insured's relationship to you?
Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter Sports Governing Body
Other (please identify/explain):
NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

- 6. For specific events: Date(s) of event/activity: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
Hours of event/activity: \_\_\_ A.M./P.M. to \_\_\_ A.M./P.M.
Type of event/activity: \_\_\_ Name of event/activity: \_\_\_
Location of event/activity: \_\_\_

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.